UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and	FORM B andidates, and New Employees	LEGISLATIVE RESOURCE CENTE:
Name: ALAN LABUECE	Daytime Telephone:	ne:	18 AUG 16 PM 3: 19
New Member of or Candidate for State: K S U.S. House of Representatives District: O Candidates – Date of Election:		Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Staff File Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant	Period Covered: January 1,	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	THESE QUESTIC	SNC	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	No Deci	E. Did you hold any reportable positions during the reporting period or in the current catendar year up through the date of filing?	ng the reporting ugh the date of filing? Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No F. C	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	× 5.0	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	ESPONDING SCHE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" I INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO (S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	INFORMATION	ANSWER <u>BOTH</u> OF THESE QUESTIONS	E QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain other the child?	"excepted trusts" need not be disclosed. Have you excluded	Have you excluded Yes 🔲 No 🔀
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, or liabilities of a spo ttee on Ethics.	cuse or dependent child because they meet all three tests for	et all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Value of Asset Valu		TIVO	GE		Examples:	SP, Mega Corp Stock	\$5.000. Let every financial institution where there is an accounts. In the local set every financial institution where there is more than \$1,000 in interest-beering accounts. For rental and other real property held for investment provide a complete address or description, e.g., frental property, and sicily and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second fromes and veceton homes (unless there was rental income during the reporting period); and any financial interest. In, or income derived from, a federal interest. In, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you report a privately-traded fund that is an Excepted Investment Fund, please check the "EIF box. If you so choose, you may indicate that an asset or floores source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the frashuction booktest.	For bank and other cash accounts, total the amount in	For all IRAs and other retirement plans (such as 401(t) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	and (b) any other reportable state or source of income which generated more than \$200 in "uneamed" income during the year. Provide complete names of stocks and mutual funds (do not use only licker symbols).	identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period.	Assets and/or income Sources	BLOCK A
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DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTEMBLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) BLOCK C Type of Income BLOCK C Type of Income BLOCK C Type of Income Cauch as a see in income Capital gains EXCEPTEMBLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None X S1-\$200				×			\$250,001-\$500,000 \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 Over \$50,000,000	G H 1 J K L		g the reporting period and is included ted income, the value should be ted income, the value should be their being the power of the period being the period bei	close of the reporting period. If you ther than fair market value, please	ue of Asset	BLOCK B
None		>	*	Partneration throwns		×	DIVIDENOS RENT INTEREST CAPITAL GAINS EXCEPTEDIBLIND TRUST TAX-DEFERRED			the "Tax-Deferred" column. Dividends, merest, and capital gains, even if reinvested, must be disclosed as income for asserts held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate tax-determed income (such as 401(ft), IRA, or 528 accounts), you may check	Type of Income	BLOCK C
None St. (C., you may check the "None" column				×		×	\$1.5200 \$201-\$1,000 \$1,001-\$2,500 \$2.501-\$5,000 \$5.001-\$15,000 \$15,001-\$50,000 \$50,001-\$10,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Cver \$5,000,000 Spause/DC Income over \$1,000,000*	Cufront Year		Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or depen	For assets for which you checked "Tax-Deferred" in Bloc assets indicate the category of income by checking the	Amount of	BLOC
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SCHEDULE C - EARNED INCOME

Name: ALON LABUTCE PAGE 4 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

		Am	Amount
Source (include date of receipt for florioraria)	Туре	Current Year to Filing	Preceding Year
	Honorarium	\$0	\$500
Examples: Civil War Roundlable (Oct. 2)	Spouse Speech	\$0 \$0	\$1,000 \$1,000
LOS ANGELES UNIFFER SCHOOL DISTRICT	SAIARV	48,055	347,550
		·	
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SCHEDULE D - LIABILITIES

Name: Alm LABLECC Page 5 of 6

(unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, perent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting exceeded \$10,000. period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence *Column K is for liabilities held solely by your spouse or dependent child.

		SP. DC. JT		
GREA	Example			
GREAT LOKES BORROWER	First Bank of Wilmington, DE	Creditor		
9/11	5/88	Date Liability Incurred MO/YR		
STUDENT COMM	Mortgage on Rental Property, Dover, DE	Type of Liability		
		\$10,001- \$15,000	>	
×		\$15,001- \$50,000	ts	
		\$50,001- \$100,000	n	
	×	\$100,001- \$250,000	0	
		\$250,001~ \$500,000	m	moun
		\$500,001- \$1,000,000	71	of L
		\$1,000,001- \$5,000,000	ဓ	Amount of Liability
		\$5,000,001- \$25,000,000	×	
		\$25,000,001- \$50,000,000	_	
		Over \$50,000,000	c.	
		Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
,	

SCHEDULE F - AGREEMENTS

Page 6 of 6

continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former identify the date, parties to, and general terms of any agre

				Date
				Parties to Agreement
The state of the s				Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and tyto prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

	Source (Name and City/State)	Brief Description of Duties
Ехатрю:	Doe Jones & Smith, Hometown, Homestate	Accounting Services